

<i>SERFF Tracking Number:</i>	<i>AMLC-126817284</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46806</i>
<i>Company Tracking Number:</i>	<i>LNLMSPS1</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>Individual Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Phone Scripts Advertising/LNLMSPS1</i>		

Filing at a Glance

Company: Liberty National Life Insurance Company

Product Name: Individual Medicare Supplement SERFF Tr Num: AMLC-126817284 State: Arkansas

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Approved- Closed State Tr Num: 46806

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: LNLMSPS1 State Status: Filed-Closed
Other 2010

Filing Type: Advertisement

Author: Diane Breeding

Date Submitted: 09/15/2010

Reviewer(s): Stephanie Fowler

Disposition Date: 09/16/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Phone Scripts Advertising

Project Number: LNLMSPS1

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Nebraska is domicile state

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/16/2010

Explanation for Other Group Market Type:

State Status Changed: 09/16/2010

Deemer Date:

Created By: Diane Breeding

Submitted By: Diane Breeding

Corresponding Filing Tracking Number:

Filing Description:

Attached for your review and approval please find one copy each of the above noted Advertising Phone Scripts that are being filed as an invitation to inquire. This is a new submission which has never been filed and does not replace any previous filing submissions. These forms will be used by our agents as a tool to provide information to potential insured about the Medicare policies which have been previously approved in your state.

The above noted forms have been submitted to Nebraska, our state of domicile on September 14, 2010 and are being filed in other states where the company is licensed to do business.

SERFF Tracking Number: AMLC-126817284 State: Arkansas
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 46806
 Company Tracking Number: LNLMSPSI
 TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
 Product Name: Individual Medicare Supplement
 Project Name/Number: Phone Scripts Advertising/LNLMSPSI

Your early review and approval of this advertising letter will be greatly appreciated. If you have any questions please feel free to call me collect at the following number: (972) 569-3295 or e-mail me at the following address: dbreeding@torchmarkcorp.com.

Company and Contact

Filing Contact Information

Diane Breeding, Assistant Analyst dbreeding@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-3295 [Phone]
 McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

Liberty National Life Insurance Company CoCode: 65331 State of Domicile: Nebraska
 P.O. Box 2612 Group Code: 290 Company Type: Life and Health
 Birmingham, AL 35202 Group Name: Liberty National Life State ID Number:
 (205) 325-4307 ext. [Phone] FEIN Number: 63-0124600

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Your fee per company.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty National Life Insurance Company	\$50.00	09/15/2010	39544526
Liberty National Life Insurance Company	\$100.00	09/16/2010	39562108

SERFF Tracking Number:	AMLC-126817284	State:	Arkansas
Filing Company:	Liberty National Life Insurance Company	State Tracking Number:	46806
Company Tracking Number:	LNLMSPSI		
TOI:	MS09 Medicare Supplement - Other 2010	Sub-TOI:	MS09.000 Medicare Supplement Other 2010
Product Name:	Individual Medicare Supplement		
Project Name/Number:	Phone Scripts Advertising/LNLMSPSI		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/16/2010	09/16/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Phone Script	Diane Breeding	09/16/2010	09/16/2010
Form	Phone Script	Diane Breeding	09/16/2010	09/16/2010
Form	Phone Script	Diane Breeding	09/16/2010	09/16/2010

<i>SERFF Tracking Number:</i>	<i>AMLC-126817284</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>LNLMSPSI</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>Individual Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Phone Scripts Advertising/LNLMSPSI</i>		

Disposition

Disposition Date: 09/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMLC-126817284</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46806</i>
<i>Company Tracking Number:</i>	<i>LNLMSPSI</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>Individual Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Phone Scripts Advertising/LNLMSPSI</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	NAIC Transmittal	Filed	Yes
Form (revised)	Phone Script	Filed	Yes
Form	Phone Script	Replaced	Yes
Form (revised)	Phone Script	Filed	Yes
Form	Phone Script	Replaced	Yes
Form (revised)	Phone Script	Filed	Yes
Form	Phone Script	Replaced	Yes

SERFF Tracking Number: AMLC-126817284 State: Arkansas
Filing Company: Liberty National Life Insurance Company State Tracking Number: 46806
Company Tracking Number: LNLMSPS1
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: Individual Medicare Supplement
Project Name/Number: Phone Scripts Advertising/LNLMSPS1

Amendment Letter

Submitted Date: 09/16/2010

Comments:

The first set of phone scripts had the wrong form number on them, therefore I have attached the correct version.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LNLMSPS1	Advertising	Phone Script Initial					0.000	LNLMSPS1.pdf
LNLMSPS2	Advertising	Phone Script Initial					0.000	LNLMSPS2.pdf
LNLMSPS3	Advertising	Phone Script Initial					0.000	LNLMSPS3.pdf

SERFF Tracking Number: AMLC-126817284 State: Arkansas

Filing Company: Liberty National Life Insurance Company State Tracking Number: 46806

Company Tracking Number: LNLMSPS1

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: Individual Medicare Supplement

Project Name/Number: Phone Scripts Advertising/LNLMSPS1

Form Schedule

Lead Form Number: LNLMSPS1

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed 09/16/2010	LNLMSPS1	Advertising Phone Script	Initial		0.000	LNLMSPS1.pdf
Filed 09/16/2010	LNLMSPS2	Advertising Phone Script	Initial		0.000	LNLMSPS2.pdf
Filed 09/16/2010	LNLMSPS3	Advertising Phone Script	Initial		0.000	LNLMSPS3.pdf



LNL Medicare Supplement: Card Lead

Hello, my name is _____. I am a licensed agent with Liberty National Life Insurance Company. The reason for my call is we received a card you filled out about your Medicare benefits and prescription coverage. We will be in your area (day of week) answering your Medicare questions and examining your insurance needs. Which is better for you, morning or afternoon?

Great! See you (Day of Week) (Morning or Afternoon).

LNL Medicare Supplement: Phone Script

Hi! My name is _____ , and I'm a licensed agent with Liberty National Life Insurance Company. We make it our priority to understand Medicare, and we will have Agents in your area (day of week) to discuss the latest Medicare changes.

We are delivering the latest Medicare Guide and answering any questions you may have about the recent changes in Medicare.

We are scheduling appointments in your neighborhood. I wouldn't want you to miss out on this valuable information that is available to you. Which is better for you, morning or afternoon?

Great! See you (Day of Week).

LNL Medicare Supplement: Turning 65 Leads

Hello, may I please speak with _____. Hi, _____, my name is _____ . I am a licensed agent with Liberty National Life Insurance Company. I understand that you will be turning 65 soon and starting your Medicare benefits in (month); is that correct? Great! That's exactly why I'm calling.

One of the services I provide is to sit with you and review exactly what Medicare will cover and not cover and what options are available to you. I'm going to be in your area (day of week) and just wanted to verify your address. You live at (verify address), correct? Great. Which is better for you, morning or afternoon?

Wonderful. Again, my name is _____, and I will see you on (day of week) (morning or afternoon). Have a great day!

<i>SERFF Tracking Number:</i>	<i>AMLC-126817284</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46806</i>
<i>Company Tracking Number:</i>	<i>LNLMSPS1</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>Individual Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Phone Scripts Advertising/LNLMSPS1</i>		

Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	NAIC Transmittal	Filed	09/16/2010
Comments:			
Attachment:			
AR LNLMSPS1 NAIC Transmittal.pdf			

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	ARKANSAS
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Liberty National Life Insurance Company P.O. Box 8080 McKinney, TX 75070	Nebraska	Life & Health	290	65331	63-0124600	40750

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Diane M. Breeding	(972) 569-3295	(972) 569-3728	dbreeding@torchmarkcorp.com

5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input checked="" type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	LNLMSPS1
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance (TOI)	MS09
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10.	Sub-Type of Insurance (Sub-TOI)	MS09.000
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11.	Submitted Documents	<div> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div> Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div>
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12.	Filing Submission Date	September 15, 2010	
13	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval	PENDING	
15.	Filing Description: Individual Medicare Supplement Telephone Scripts		
<p>NAIC #290-65331 FEIN # 63-0124600 RE: Medicare Supplement Outbound Phone Scripts LNLMSPS1, LNLMSPS2, LNLMSPS3 NAIC Transmittal Filing Fee: \$25.00</p> <p>Attached for your review and approval please find one copy each of the above noted Advertising Phone Scripts that are being filed as an invitation to inquire. This is a new submission which has never been filed and does not replace any previous filing submissions. These forms will be used by our agents as a tool to provide information to potential insured about the Medicare policies form numbers, LMSA10, LMSB10, LMSF10, LMSHDF10, which have been previously approved in your state on January 13, 2010, SERFF File Number AMLC-126370833.</p> <p>The above noted forms have been submitted to Nebraska, our state of domicile on September 14, 2010 and are being filed in other states where the company is licensed to do business.</p> <p>Your early review and approval of this advertising letter will be greatly appreciated. If you have any questions please feel free to call me collect at the following number: (972) 569-3295 or e-mail me at the following address: dbreeding@torchmarkcorp.com.</p>			

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>ARKANSAS</u>.</p>		
Print Name <u>Diane M. Breeding</u>		Title <u>Analyst</u>
Signature <u><i>Diane M. Breeding</i></u>		Date: <u>September 15, 2010</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		LNLMSPS1
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Individual Medicare Supplement	LNLMSPS1	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Telephone Script			
02	Individual Medicare Supplement	LNLMSPS2	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Telephone Script			
03	Individual Medicare Supplement	LNLMSPS3	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Telephone Script			
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/15/2010	Form	Phone Script	09/16/2010	LNLMSPS1.pdf (Superceded)
09/15/2010	Form	Phone Script	09/16/2010	LNLMSPS2.pdf (Superceded)
09/15/2010	Form	Phone Script	09/16/2010	LNLMSPS3.pdf (Superceded)

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